

09/945534

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NUR		08-06-01
O.I.P.E. CLASSIFIER		59	7/44
FORMALITY REVIEW	AG	690	10-04-01
RESPONSE FORMALITY REVIEW	MJ	625	01-13-02

INDEX OF CLAIMS

☒ Rejected
☐ Allowed
☐ (Through numerical) Canceled
☐ Restricted
☐ Non-elected
☐ Interference
☐ Appeal
☐ Objected

Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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